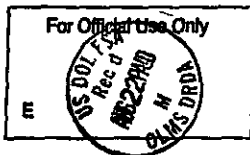


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L. 86-257 as amended. Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 438 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>12458</u>	2 Fiscal Year Covered From. <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing. Name <u>LOUIS</u> <u>S</u> <u>DAMBROSIO</u> P O Box Bldg Room No If any <u>#140</u> Street <u>12201 TUKWILA INTER BLVD.</u> City <u>SEATTLE</u> State <u>WA</u> ZIP Code + 4 <u>98168-5121</u>	4 Name file number and address of labor organization Name <u>LABORERS' INT UNION OF NORTH AMERICA</u> Labor Organization File Number <u>000-131</u> P O Box Building and Room Number If any <u></u> Street <u>905 16TH ST NW</u> City <u>WASHINGTON</u> State <u>D C</u> ZIP Code + 4 <u>20006-1703</u>
5 Position in labor organization <u>ASST REGIONAL MANAGER</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (Including trade name if any) Name <u>NONE</u> Trade Name if any <u></u> P O Box, Bldg Room No if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a Nature of Interest, Transaction or Income <u>NONE</u> 7.b Amount. <u>NONE</u>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed <u>Louis S Dambrosio</u>	On <u>8-15-05</u> Date	<u>(206) 441-6507</u> Telephone Number

Name of Person Filing LOUIS S DAMBROSIO	File Number U-
--	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any).

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with

- ☐ a Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10 If 9 b or 9 c. is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12.a Nature of interest held or income received

12.b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name if any).

Name **LABORERS' I-872 JOINT TRUST FUNDS**

Trade Name if any

P O Box Bldg Room No if any **SUITE - 200**

Street **526 TONOPAH**

City **LAS VEGAS**

State **NV.** ZIP Code + 4 **89106**

14.a Nature of payment.

**TRUSTEE EDUCATIONAL EXPENSE
REIMBURSEMENT**

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14.b Amount of payment.

\$1317.00

Name of Person Filing

LOUIS S DAMBROSIO

File Number U

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Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

9 Business deals with

☐

a Labor Organization

☐

b Trust

☐

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a. Nature of such dealing

11.b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name if any).

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14.a Nature of payment.

LHSF HOSTED A WORKING DINNER, I ATTENDED ON 2-4-2004 I DO NOT REMEMBER WHAT I HAD, MY PRO RATA SHARE I'M REPORTING IS 7147 PER PERSON

13 b Is the Business an Employer

☒

or Consultant

☐

?

14 b Amount of payment

\$ 7147

Name of Person Filing

LOUIS S DAMBROSIO

File Number U-

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Name

Trade Name, if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

9 Business deals with

☐

a Labor Organization

☐

b Trust

☐

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received

12 b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name if any).

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment

LHSF Hosted A WORKING LUNCH, I ATTENDED ON 2-19-04 I DO NOT REMEMBER WHAT I HAD, MY PRO RATA SHARE I'M REPORTING IS 2923 PER PERSON

13 b Is the Business an Employer ☒or Consultant ☐ ?

14 b Amount of payment.

\$2923

Name of Person Filing

LOUIS S DAMBROSIO

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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Name

Trade Name, if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

9 Business deals with

☐

a Labor Organization

☐

b. Trust

☐

c. Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

11.b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

LHSF HOSTED A WORKING DINNER, I ATTENDED ON 7-12-04 I DO NOT REMEMBER WHAT I HAD, MY PRO RATA SHARE I'M REPORTING IS 4033 PER PERSON

13 b Is the Business an Employer

☒

or Consultant

☐

?

14 b Amount of payment.

\$ 4033

Name of Person Filing

LOUIS S DAMBROSIO

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

9 Business deals with

☐

a Labor Organization

☐

b Trust

☐

c Employer

10 If 9 b or 9 c, is checked give trust or employer's name.

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

11.a Nature of such dealing

11.b Approximate dollar value of such dealing

12.a Nature of interest held or income received

12.b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name if any).

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

14.a Nature of payment.

LECET HOSTED A WORKING DINNER, I ATTENDED ON 7-9-04 I DO NOT REMEMBER WHAT I HAD, MY PRO RATA SHARE I'M REPORTING IS 47.56 PER PERSON

13.b Is the Business an Employer

☒

or Consultant

☐

?

14.b Amount of payment.

\$47.56

Name of Person Filing

LOUIS S DAMBROSIO

File Number U

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8 Name and address of Business (including trade name, if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

9 Business deals with

☐

a Labor Organization

☐

b Trust

☐

c Employer

10 If 9 b or 9 c. is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any).

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment.

LECET HOSTED A WORKING DINNER, I ATTENDED ON 11-4-04 I DO NOT REMEMBER WHAT I HAD, MY PRO RATA SHARE I'M REPORTING IS 6429 PER PERSON

13 b Is the Business an Employer ☒or Consultant ☐ ?

14 b Amount of payment

\$6429

August 15, 2005

U S Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D C 20210

Re: Form LM-30 Filing for Louis S D'Ambrosio

Dear Sir or Madam

Enclosed please find my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of any benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America (LIUNA), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report but on the LM-2 report, and I am following that guidance.

U S Department of Labor
Employee Standards Administration
Office of Labor-Management Standards

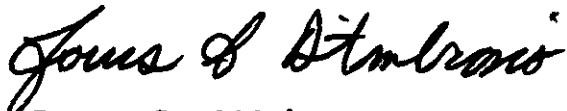
August 15, 2005

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It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

A handwritten signature in cursive script, reading "Louis S. D'Ambrosio".

Louis S D'Ambrosio